



The Community Memorial Hospital Foundation is a community based, tax-exempt organization created to provide donors a way to contribute to the growth and enhancement of healthcare services at Community Memorial Hospital.

Funds and their uses are listed below. If you would like more information, please call the Foundation office at 419-542-5566.

#### ***Development Fund***

To be used where needed most under the direction of the Foundation Board.

#### ***Scholarship Fund***

To provide scholarships for students pursuing a career in the medical field.

#### ***Endowment Fund***

The principle is not accessible but the interest is used to benefit Community Memorial Hospital.

#### ***Capital / Building Fund***

Funds are used to improve the physical Hospital and Clinic properties and to purchase equipment.



Community Memorial Hospital has served Northwest Ohio and Northeast Indiana since 1953. For 59 years, we have provided local access to quality healthcare for the residents in the communities that we serve.

We are a full service facility—offering both inpatient and outpatient care. CMH offers obstetrics, 24 hour emergency care, a comprehensive rehabilitation program, Open MRI, a variety of surgical options and many other healthcare services you may not expect to find in a facility of our size.

While we may be one of the smallest of the Northwest Ohio hospitals our size has proven to be a tremendous asset in terms of operating efficiency and personalized care.

Community Memorial Hospital and the CMH Foundation are committed to the communities that we serve.

#### Community Memorial Hospital Foundation

208 N Columbus Street  
Hicksville, OH 43526

Phone: 419-542-5566  
Fax: 419-542-6506  
E-mail: [mwaggoner@cmhosp.com](mailto:mwaggoner@cmhosp.com)



## Healthcare Scholarship Program

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## Our Purpose

The CMH Foundation Scholarship Program was established to provide scholarships to assist students pursuing a healthcare career.

We support students who are preparing for careers in the following areas: nursing, respiratory care, radiology, laboratory services, physical, occupational, or speech therapy, pre-med, medical assisting, pharmacy, and health information management.

There are four \$1,500 scholarships available. There are three scholarships who are named for individuals whose contributions to Community Memorial Hospital were substantial. These amazing individuals were:

- ◆ Rachel Hofmeister
- ◆ Betty Altman
- ◆ Stevie Boon

One scholarship is reserved for a high school senior who resides in Mark, Milford, or Hicksville Township. One is reserved for a high school senior in our service area. One is reserved for a student who is currently attending college. The last will be awarded to a CMH team member.

## Eligibility & Application Process

- ◆ Applicants shall reside in Mark, Milford, or Hicksville Townships or live within the school districts of Hicksville, Edgerton, Antwerp, Fairview, Woodlan, Eastside or Leo.
- ◆ Applicants shall be accepted by an accredited college or university and be accepted in healthcare program.
- ◆ Applicants shall submit the following items to the Scholarship Committee of the CMH Foundation.
  1. Scholarship Application
  2. Two letters of recommendation. (For high school students or recent graduate, one letter shall be from a guidance counselor or high school teacher.)
  3. Letter of Acceptance to a healthcare program.
  4. An essay describing why the applicant is entering into his / her chosen profession.
  5. Official transcript



## Criteria, Deadlines, & Notification

Applicants are evaluated based on their field of study, GPA, the essay, and the letters of reference.

Application deadline is March 23, 2012.

Scholarship winners will be notified by mail or receive their award at their school awards assembly (if applicable).

Winners will be asked to visit CMH for a short video on what winning the scholarship means for the student.

Applications may be obtained at HS guidance offices or by calling 419-542-5690.

If you have additional questions, please contact:

Carol Weidenhamer  
Community Memorial Hospital  
208 N Columbus Street  
Hicksville, OH 43526  
419-542-5690  
csw@cmhosp.com





**Foundation**  
OF COMMUNITY MEMORIAL HOSPITAL

## SCHOLARSHIP APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

College or University: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Major: \_\_\_\_\_

Resident of: \_\_\_\_\_ Mark Township \_\_\_\_\_ Milford Township \_\_\_\_\_ Hicksville Township

**\*\*\*\*Please attach a one-page, single space, typed essay describing:**

- 1. Your interest in this particular health field**
- 2. Outlining your educational plans – be specific (ie: if Nursing – RN, LPN, etc.)**
- 3. Include complete information on starting date and anticipated completion of program**
- 4. Career expectations, etc.**

My signature indicates that I am aware that scholarship winners are selected on the basis of grade point average (GPA), selected field of study, and the essay. I agree that you may use my name / essay for marketing purposes if needed.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Please be sure to attach the following information:**

- Two references. (If you are in high school, please have one reference from your guidance counselor or a high school teacher.)
- Verification of admission to health care career program.
- Official Transcript
- Essay

I am a CMH team member or a child of a CMH team member or Board Member.

**RETURN TO THE CMH FOUNDATION BY MARCH 23, 2012**

208 N. Columbus Street Hicksville, OH 43526